

**LHRC APPLICATION FORM**

NAME OF LHRC: \_\_\_\_\_

\_\_\_\_\_  
Today's Date:\_\_\_\_\_  
Name:\_\_\_\_\_  
Street Address:\_\_\_\_\_  
City, State, Zip:\_\_\_\_\_  
Telephone #:\_\_\_\_\_  
Current (or most recent) Employer:\_\_\_\_\_  
Employer's Address:\_\_\_\_\_  
Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_  
Occupation/ profession (if retired, list previous occupation):\_\_\_\_\_  
Educational Background:\_\_\_\_\_  
Please check categories in which you are eligible or willing to serve:

\_\_\_\_Professional \_\_\_\_Family Member \_\_\_\_Consumer \_\_\_\_Healthcare Provider

\_\_\_\_\_  
Have you ever been employed by, or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

Yes\_\_\_\_\_ No\_\_\_\_\_

\_\_\_\_\_  
If so, name of program (or programs):\_\_\_\_\_  
Capacity in which you served:\_\_\_\_\_  
Dates of service:\_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_

**LHRC APPLICATION FORM  
CONTINUED**

Please describe your education, training or experience in the area of Mental Health, Mental Retardation or Substance Abuse services, if any.

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What is your interest in serving on a Local Human Rights Committee?

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As a member of the Local Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly?

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Applicant's Signature:

Reviewed for completeness by:

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